

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 17 1941
FEB 17 1941
626

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3633

Registration District No. 626

Primary Registration District No. 5828 4376 Registrar's No.

1. PLACE OF DEATH:

- (a) County Madaway
(b) City or town Parnell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution 19 yrs. (Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME JENNIE HUNT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex ♀ 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jesse Hunt 6. (c) Age of husband or wife if alive 11 years
7. Birth date of deceased Oct. 11 1884 (Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Taney Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

- MOTHER FATHER { 12. Name Marion Sweet
13. Birthplace Shirlington (City, town, or county) (State or foreign country)
14. Maiden name Ladika Brown
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Jesse Hunt

(b) Address Parnell, Mo.

17. (a) Funeral (b) Date thereof 1, 22, 1941 (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Parnell, Mo.

18. (a) Signature of funeral director Arch C. Dunfee

(b) Address Parnell city, Mo.

19. (a) 2-1-78 (b) William F. Kennedy (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Madaway
(c) City or town Parnell (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1941 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Jan 18, 1941, to Jan 20, 1941;
that I last saw her alive on Jan 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia

Due to Influenza and cold

Due to cold

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 550 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Egbert Crocker (M. D. or other) D
Address Parnell Mo Date signed Jan 25 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Arch C. Duffee*

Licensed Embalmer No..... *3252*

P. O. Address..... *Grant City, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.